TRICARE Pharmacy Program Medical Necessity Form for Nasal Corticosteroids

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Flunisolide (Nasarel and generic), fluticasone (Flonase), and mometasone (Nasonex)** are the formulary nasal corticosteroids on the DoD Uniform Formulary. **Beclomethasone (Beconase AQ), budesonide (Rhinocort Aqua), and triamcinolone (Nasacort AQ) are non-formulary, but available to most beneficiaries at a $22 cost share.**
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the $22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication *instead of a formulary medication* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-active duty beneficiaries may obtain it at the $9 formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	RETAIL	MTF
If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here ☐ • The completed form and the prescription may be **faxed** to **1-877-283-8075** or 1-602-586-3915 **OR** • The patient may attach the completed form to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**	**If the prescription is to be filled at a retail network pharmacy, check here** ☐ • The provider may **call**: **1-866-684-4488** **OR** • The completed form may be **faxed** to **1-866-684-4477**	• Non-formulary medications are available at MTFs only if both of the following are true: ▪ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ▪ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____
Address: _____
_____
Sponsor ID # _____

Physician Name: _____
Address: _____
_____
Phone #: _____
Secure Fax #:

Step 2 1. Please explain why the patient cannot be treated with any of the formulary alternatives:

Please indicate which of the reasons below (1-3) applies to each of the formulary alternatives listed in the table. You MUST circle a reason AND supply a written clinical explanation specific for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Flunisolide (Nasarel or generic)	1 2 3	
Fluticasone (Flonase)	1 2 3	
Mometasone (Nasonex)	1 2 3	

Acceptable clinical reasons for not using a formulary alternative are:

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects (e.g., persistent epistaxis, pharyngitis, or significant nasal irritation) with the formulary alternative, and is not expected to experience these effects with a non-formulary medication.
3. The formulary alternative resulted in therapeutic failure.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

_____ _____
Prescriber Signature Date

Latest revision: January 2006